

Affected Programs: BadgerCare Plus, Medicaid

To: Hospice Providers, HMOs and Other Managed Care Programs

ForwardHealth Announces Electronic Hospice Election Form Submission Available on the ForwardHealth Portal and Revisions to Paper Hospice Forms

Beginning with the October 2008 implementation of ForwardHealth interChange, hospice providers will be able to enroll a member in the hospice benefit or revoke a member's hospice benefit online, via the ForwardHealth Portal.

The following hospice forms have been revised for ForwardHealth implementation:

- Notification of Hospice Benefit Election, F-1008 (10/08).
- Member Election of Hospice Benefit, F-1009 (10/08).
- Hospice Benefit Revocation (Non-Recertification)/Voluntary Discharge, F-1010 (10/08).
- Physician Certification/Recertification of Terminal Illness, F-1011 (10/08).

These forms have been revised due to the implementation of ForwardHealth interChange and to accommodate National Provider Identifiers. Providers who submit claims for hospice services for dates of service on and after the October 2008 implementation of ForwardHealth must submit either the online Hospice Election form or the revised paper Notification of Hospice Benefit Election to ForwardHealth. Hospice benefits are covered for members enrolled in BadgerCare Plus and Wisconsin Medicaid.

Implementation of ForwardHealth interChange

In October 2008, the Department of Health Services (DHS) will implement ForwardHealth interChange, which replaces Wisconsin's existing Medicaid Management Information System (MMIS).

ForwardHealth interChange will be supported as part of the State's new fiscal agent contract with EDS. With ForwardHealth interChange, providers and trading partners will have more ways to verify member enrollment and submit electronic claims, adjustments, and prior authorization requests through the secure ForwardHealth Portal. Refer to the March 2008 *ForwardHealth Update* (2008-24), titled "Introducing ForwardHealth interChange, a New Web-Based Information System for State Health Care Programs," for an overview of the implementation and a more detailed outline of the many business process enhancements and added benefits the new system and fiscal agent contract will provide.

The following hospice forms have been revised for the implementation of ForwardHealth and the adoption of National Provider Identifiers (NPIs):

- Notification of Hospice Benefit Election form, F-1008 (10/08).

- Member Election of Hospice Benefit, F-1009 (10/08).
- Hospice Benefit Revocation (Non-Recertification)/Voluntary Discharge, F-1010 (10/08).
- Physician Certification/Recertification of Terminal Illness, F-1011 (10/08).

Providers may submit the information included in the Notification of Hospice Benefit Election form online via the ForwardHealth Portal. This is a new submission option available with the implementation of ForwardHealth interChange.

Members enrolled in hospice prior to the implementation of ForwardHealth interChange do not need to resubmit a revised Notification of Hospice Benefit Election form unless a new form is otherwise required. See below for circumstances when a new form is needed.

Enrolling a Member in the Hospice Benefit and Revoking a Member's Hospice Benefits Online

Hospice providers may enroll a member in the hospice benefit or revoke a member's hospice benefits via the ForwardHealth Portal. Providers must establish a Portal account to access this new feature. Refer to the July 2008 *Update* (2008-94), titled "Introducing the ForwardHealth Portal," and the July 2008 *Update* (2008-124), titled "Establishing a Provider Account on the ForwardHealth Portal," for more information about the Portal and Portal accounts.

To access the Hospice Election form online, hospice providers should follow these steps:

1. Go to the ForwardHealth Portal at www.forwardhealth.wi.gov/.
2. Select the "Providers" button.
3. Log in to the secure provider account.
4. Select **Hospice Election** from the Quick Links box on the right-hand side of the page.

5. Read the introductory paragraphs and click **Next**.
6. Choose one of the following two options and click **Next**:
 - Enroll a member in the Hospice Benefit.
 - Revoke Hospice Benefits.
7. Follow the screen's prompts to finish the application.
8. Select **Submit**.

Note: This functionality is only available to Hospice providers.

Revised Hospice Forms

Providers who submit the hospice election information on paper will be required to use the revised Notification of Hospice Benefit Election on and after the October 2008 implementation of ForwardHealth. This form was revised for the implementation of ForwardHealth interChange and the use of NPIs. ForwardHealth will deny previous versions of this form received after implementation and payment for hospice services could be delayed until the revised form is on file.

In the following situations, providers are required to submit updated information using the electronic Hospice Election application or the paper Notification of Hospice Benefit Election:

- The member obtains a new attending physician.
- The member transfers to a new nursing facility.
- The member enters a nursing facility.

Providers are reminded that a copy of the Physician Certification/Recertification of Terminal Illness, and if applicable, the Member Election of Hospice Benefit and the Hospice Benefit Revocation (Non-Recertification)/Voluntary Discharge must be kept in the member's file. Providers are required to use the revised forms for members who enroll in hospice or revoke hospice benefits on or after the implementation of ForwardHealth interChange.

Refer to Attachments 1-4 to this *Update* for copies of the revised hospice forms to photocopy.

Information Regarding Managed Care

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis. For managed care policy, contact the appropriate managed care organizations. HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at dhs.wisconsin.gov/forwardhealth/.

P-1250

ATTACHMENT 1

Notification of Hospice Benefit Election

(for photocopying)

(A copy of the “Notification of Hospice Benefit Election” form is located on the following pages.)

**WISCONSIN MEDICAID
NOTIFICATION OF HOSPICE BENEFIT ELECTION**

ForwardHealth requires certain information to enable the program to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

This form is mandatory; use an exact copy of this form. ForwardHealth will not accept alternate versions (i.e., retyped or otherwise reformatted) of this form. Hospice benefits are covered services for members enrolled in Wisconsin Medicaid or BadgerCare Plus.

Instructions: Type or print clearly. This form has two pages; always complete Section I and any other sections of the form that apply to the member. When complete, mail the form to ForwardHealth, Member Services, P.O. Box 6678, Madison WI 53716-0678.

SECTION I — COMPLETE FOR ALL HOSPICE MEMBERS

The member named on this form has elected to receive Medicaid hospice benefits. The member signed the Member Election of Hospice Benefit form, F-1009, on the date indicated below and has been certified by a physician as having six months or less life expectancy if the illness follows its usual course. The member's hospice has the Physician Certification/Recertification of Terminal Illness form, F-1011, on file.

Name — Member (First, Middle Initial, Last)

Member ID

Date Election Form Signed

Name — Hospice

Hospice's National Provider Identifier (NPI)

Taxonomy Code — Hospice

Practice Location ZIP+4 Code — Hospice

Name — Attending Physician

Attending Physician's NPI

Is the Attending Physician Employed by the Hospice?

☐ Yes ☐ No

SECTION II — COMPLETE FOR MEMBERS RESIDING IN A NURSING HOME AT THE TIME OF HOSPICE ELECTION

The hospice and nursing home named below are in agreement that the hospice shall provide hospice services, while the nursing home shall provide room and board services as defined under COBRA, P.L. 99-272. "Room and board" includes the performance of personal care services, including assistance in the activities of daily living, socializing activities, administration of medication, maintaining the cleanliness of the resident's room, and supervision and assistance in the use of durable medical equipment (DME) and prescribed therapies.

ForwardHealth will reimburse the hospice for room and board at 95 percent of the nursing home's current skilled nursing facility (SNF) daily rate, for the appropriate number of days, for the hospice member in the nursing home. The hospice will in turn reimburse the nursing home.

Name — Nursing Home

Level of Care

Nursing Home's NPI

Taxonomy Code — Nursing Home

Practice Location ZIP+4 Code — Nursing Home

Continued



SECTION III — COMPLETE FOR MEMBERS ENTERING A NURSING HOME AFTER HOSPICE ADMISSION

The hospice and nursing home named below are in agreement that the hospice shall provide hospice services, while the nursing home shall provide room and board services as defined under COBRA, P.L. 99-272. "Room and board" includes the performance of personal care services, including assistance in the activities of daily living, socializing activities, administration of medication, maintaining the cleanliness of the resident's room, and supervision and assistance in the use of DME and prescribed therapies.

ForwardHealth will reimburse the hospice for room and board at 95 percent of the nursing home's current SNF daily rate, for the appropriate number of days, for the hospice member in the nursing home. The hospice will in turn reimburse the nursing home.

Name — Nursing Home		Date Admitted to Nursing Home
Nursing Home's NPI	Taxonomy Code — Nursing Home	Practice Location ZIP+4 Code — Nursing Home

SECTION IV — COMPLETE FOR REVOCATION OF HOSPICE BENEFITS

The member named below has decided to discontinue the hospice benefit on the date indicated.

Member ID	Hospice's NPI	Date Member Signed Revocation Form
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Name — Attending Physician

Attending Physician's NPI	Is the Attending Physician Employed by the Hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ATTACHMENT 2

Member Election of Hospice Benefit (for photocopying)

(A copy of the “Member Election of Hospice Benefit” is located on the following page.)

**WISCONSIN MEDICAID
MEMBER ELECTION OF HOSPICE BENEFIT**

ForwardHealth requires certain information to enable the program to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

Provision of the information requested on this form is mandatory; however, the use of this version of the form is voluntary. Providers may develop their own version of this form as long as it includes all the information on this form.

Hospice benefits are covered services for members enrolled in Wisconsin Medicaid or BadgerCare Plus.

Instructions: Type or print clearly. Keep this information in the member's records; *do not* send it to ForwardHealth.

Name — Member	Name — Hospice	Hospice's National Provider Identifier
Name — Attending Physician		Start Date for Hospice Services

I, the member named above, choose to receive hospice care from the hospice program named above. I acknowledge and understand the following:

- The hospice program is palliative, not curative, in its goals. This means that the program does not attempt to cure disease, but emphasizes the relief of symptoms such as pain, physical discomfort, and emotional stress that may accompany a life-threatening illness.
- By choosing Medicaid hospice benefits, I agree to receive all services from the hospice and attending physician I designated above.
- I can choose to discontinue hospice care at any time. To discontinue, I must complete a revocation statement. I can obtain this statement from the hospice coordinator.
- If I choose to withdraw from my Medicaid hospice benefit, I understand that I may re-elect hospice at a later time.
- I can choose to receive hospice care from another hospice program at any time. To change programs, I must first confirm that the hospice to which I wish to be admitted can admit me and on what date. I must inform my current hospice program of my wishes so that arrangements for the transfer can be made. I must document the date I wish to discontinue care from my current hospice, the name of the hospice from which I wish to receive care, and the date that care will start.

Acknowledging and understanding the above, I authorize the above-named hospice to begin providing Medicaid-covered services on the date indicated above. I designate the physician named above as my attending physician.

SIGNATURE — Member or Legal Representative		Date Signed
SIGNATURE — Witness	Name — Witness	Date Signed

ATTACHMENT 3
Hospice Benefit Revocation
(Non-Recertification)/Voluntary Discharge
(for photocopying)

(A copy of the "Hospice Benefit Revocation (Non-Recertification)/Voluntary Discharge" form is located on the following page.)

**WISCONSIN MEDICAID
HOSPICE BENEFIT REVOCATION
(NON-RECERTIFICATION) / VOLUNTARY DISCHARGE**

ForwardHealth requires certain information to enable the program to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

Provision of the information requested on this form is mandatory; however, the use of this version of the form is voluntary. Providers may develop their own version of this form as long as it includes all the information on this form.

Hospice benefits are covered services for members enrolled in Wisconsin Medicaid or BadgerCare Plus.

Instructions: Type or print clearly. Keep this information in the member's records; *do not* send it to ForwardHealth.

Name — Member	Name — Hospice
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I, the member, (check one):

- ☐ Understand that my attending physician and the Hospice Interdisciplinary Team have determined that at this time I do not meet the Medicaid criteria for the hospice benefit. The basis for this has been explained to me.
- ☐ Choose to revoke election for Medicaid coverage for hospice care provided by the hospice program named above.

Hospice coverage will continue through _____ (MM/DD/YY). Medicaid hospice reimbursement will continue through _____ (MM/DD/YY).

I understand that my Medicaid hospice benefits will cease. If it is determined that I once again meet the Medicaid criteria for the hospice benefit, I may re-elect Medicaid hospice coverage.

I understand that the Medicaid health care benefits I waived to receive Medicaid hospice coverage will resume on _____ (MM/DD/YY, the day following the last day of hospice coverage).

☐ *I agree* / ☐ *I do not agree* (check one) to waive the 14-day waiting period required by the State of Wisconsin for voluntary discharge from the hospice named above.

SIGNATURE —Member or Legal Representative	Date Signed
SIGNATURE — Hospice Representative	Date Signed

ATTACHMENT 4
Physician Certification/Recertification of
Terminal Illness
(for photocopying)

(A copy of the "Physician Certification/Recertification of Terminal Illness" form is located on the following page.)

**WISCONSIN MEDICAID
PHYSICIAN CERTIFICATION / RECERTIFICATION OF TERMINAL ILLNESS**

ForwardHealth requires certain information to enable the program to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

Provision of the information requested on this form is mandatory; however, the use of this version of the form is voluntary. Providers may develop their own version of this form as long as it includes all the information on this form.

Hospice benefits are covered services for members enrolled in Wisconsin Medicaid or BadgerCare Plus.

Instructions: Type or print clearly. Keep this information in the member's records; *do not* send it to ForwardHealth.

SECTION I — CERTIFICATION STATEMENT

Name — Member	Member ID
Description of Disease	

We (or I) certify that the above-named Medicaid member is terminally ill with the disease described above. His or her life expectancy is six (6) months or less if the disease runs its normal course.

SIGNATURE — Hospice Medical Director or Designee		Certification Date	
SIGNATURE — Attending Physician	Certification Date	National Provider Identifier	Date Signed

SECTION II — RECERTIFICATION STATEMENT

I recertify that the above patient is still considered terminally ill with the above-stated disease and has a life expectancy of six (6) months or less if the disease runs its normal course.

SIGNATURE — Hospice Medical Director or Designee	Recertification Date	Date Signed
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